



**Royal Australasian College of Surgeons
Skills and Education Centre**

REGISTRATION FORM

Laparoscopic Suturing Workshop

- Please register by 5 p.m. the Monday before the workshop. As course numbers are limited, places will be reserved in the order in which registrations are received.

Date of Course: _____

Name: _____

Position: _____

Experience in Laparoscopy: _____

Postal Address: _____

Telephone: _____

Fax: _____

Email: _____

When you have completed the form return via;

Email to arwen.tudor@surgeons.org

OR

FAX to 03 9276 7483

For any other enquiries please contact:

Arwen Tudor

Tel: 03 9276 7456

Email: arwen.tudor@surgeons.org
